



Corres. and Mail
BOX AF

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2612, Expedited Procedure

In re Application of:

TOSHIKAZU YANAI ET AL.

Application No.: 08/994,642

Filed: December 19, 1997

For: IMAGE PICKUP DEVICE ADAPATABLE
TO DISPLAY FEWER VERTICAL
PIXELS

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No. 03500.012444.

Examiner: R.N. Tillery

Group Art Unit: 2612

Date: February 5, 2004

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FEB 12 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 31	MINUS	** 32	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$145/\$290						\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Peter C. Thulow
Attorney for Applicants

Registration No. 47,138

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